



Bakhtar University

Application for Supplementary Examination

Semester / Quarter	Campus
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Name:	Registration No:	
Program:	Class:	Session

Kindly allow in the Supplementary Examination of the following subjects:

Sr. No	Subjects	Program	Sr. No	Subjects	Program
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

Applicant's Signature: _____ Date: ____/____/____

President's Decision: _____

Date: ____/____/____

Fee to be charged per paper: _____

Supplementary Examination Fee Payment Details: _____

Fee Receipt No: _____ Amount: _____

Instruction Attach one copy of the Receipt to this application

Verified by : _____

Processed by: _____

Approved by: _____